LIMITED PARTNERSHIP ANNUAL REPORT 1997	FLORIDA DEPARTM Sandra Mo Secretary o DIVISION OF COR	rtham f State		FILED DRETARY OF STATE ON OF CORPORATIONS EC 23 AN 9: 54
1. Name of Limited Partnership 1a. DOCUMENT # A95000000007		NT # 007		
			012/30	
Aailing Address 1149 PERIWINKLE WAY SANIBEL ISLAND FL 33957	Principal Office Address 1149 PERIWINKLE WAY SANIBEL ISLAND FL 33957		3. Date Formed or Registered 12/23/1994	5a. Capital Contributions as Shown on record. \$1,000.00
			3a. Date of Last Report 12/18/1995	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation FL	to date: \$1,000.00
Suite, Apt. #, etc	Suite, Apt. #, etc.		6. FEI Number 65-0559722	Applied For Not Applicable
Zip Country	Zip Country		 Certificate of Status Desired 8. Make check payable to: Dept. (S8.75 Additional Fee Required
9. Name and Address of Currer	nt Registered Agent		10. If changed, new Register	ad Agent/Office
NAUMANN, JOHN J 1149 PERIWINKLE WAY SANIBEL ISLAND FL 33957			Box Number is Not Acceptable)	
	Suite. Apt #, etc. City		<u> </u>	FL Zip Code
 10a. Pursuant to the provisions of sections 620 1051 a for the purpose of changing its registerod office of agent 1 am familiar with and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT 	r registered agent, or both, in the State of Flonc ns of section 620.192, Flor do Statutes	da Such change was a	uthorized by its general partnor(s). I he	the State of Florida, submits this statement reby accept the appointment of registered
MUS 11. Name(s) of General Partner(s)	T BE REGISTERED AND Address of Each General 11a. (Do NOT Use Post Office Box	O ACTIVE W	City, State & Zip Code	Registration/
SANCTUARY DEVELOPMENT PROPER	1149 PERIWINKLE WAY		ANIBLE ISLAND FL 339 7100002 -01/03	P93000077651 P93000077651 C 4 4 E 5574 3/574 3/574 191,25 ****191,25
 Note; General partners MAY NC 12. I do bereby confly that the information supplied with Corporations from any liability of non-compliance with s annual report is true and accurate and that my empowered to execute this report as required by d 	n this filing is volunlarily furnished and does not it. Section 119.07(3)(k) in the event that the info signature shall have the same legal effects as if	qualify for the exempti prmation supplied is de	on stated in Section 119.07(3)(k), Florid emed exempt from public access. I fur	a Statutes. Frelease the Division of the certify that the information indicated on
		DATE 12/20/96 regory M. Kapfer, Secretary Daytime Telephone Number (30/) 229-7727		
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